

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS

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IN RE: PRADAXA (DABIGATRAN
ETEXILATE) PRODUCTS LIABILITY
LITIGATION
)
)

3:12-md-02385-DRH-SCW

MDL No. 2385

This Document Relates to:

ALL CASES

AMENDED CASE MANAGEMENT ORDER NUMBER 2
Confidentiality Order Exhibit A

STATE OF _____)
) SS:
COUNTY OF _____)

I, _____ being duly sworn, state that:

I have received a copy of the Confidentiality Order in this action. I have carefully read and understand the provisions of the Order. I will comply with all of the provisions of the Confidentiality Order. I will hold in confidence, will not disclose to anyone not qualified under the Confidentiality Order, and will use only for purposes of this action, any Confidential Information or Highly Confidential Information, including the substance and any copy, summary, abstract, excerpt, index or description of such material, that is disclosed to me.

I will return all Confidential Information or Highly Confidential Information that comes into my possession, and all documents and things that I have prepared relating thereto, to trial or outside counsel for the party by whom I am employed or retained or from whom I received such material when requested to do so.

I understand that if I violate the provisions of the Confidentiality Order, I will be subject to sanctions by the Court and that the parties may assert other remedies against me. I hereby submit to the jurisdiction of this Court for the purpose of enforcement of the Confidentiality Order in this action.

I acknowledge that I will be receiving the following categories of information (CHECK ONE):

_____ Confidential Information ONLY

_____ BOTH Confidential Information and Highly Confidential Information

With regard to any person receiving BOTH Confidential Information and Highly Confidential Information, I attest that I am not currently affiliated with or

employed by any of the Defendants' direct competitors as the term "direct competitor" is defined in paragraph 13 of the Confidentiality Order.

Signature

Printed Name

Sworn and subscribed to before me this
____ day of _____, 201 ____.

Notary Public

My Commission expires: